

Receipt date: 06/07/2006

AP3

10582038 GAU: 3732

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO		<b>Complete if Known</b>		
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary) Sheet 1 of 1		Application Number		
		Filing Date		
		First named Inventor	Frank E. DELMONICO	
		Group Art Unit		
		Examiner name		
		Attorney Docket Number	025330-9001-02	
<b>U.S. Patent Documents</b>				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
		2,826,814	Sappey et al.	11/21/1952
		4,431,417	Weissman	02/14/1984

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Country Code	Foreign Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract

T:\client\025330\9001\A1626130.1

Examiner Signature	/Hao D. Mai/	Date Considered	10/26/2009
--------------------	--------------	-----------------	------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 0231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box Alexandria, VA 22313-1450.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /HDM/